

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE			
APPLICANT(S)					
CLAIMS					
		* IND. DEP.		* IND. DEP.	
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49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS		17	18		
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					